

THE MEDICAL TREATMENT OF INSANITY.¹

BY ROBERT JONES, M.D., B.S., F.R.C.S.,

OF CLAYBURY, ENGLAND.

RESIDENT PHYSICIAN AND SUPERINTENDENT, LONDON COUNTY ASYLUM,
CLAYBURY.

The great aim of medical art is the cure of disease, and in fulfilling this there are certain general principles which commend themselves to every medical practitioner, quite apart from the specialized treatment which is applied to the various maladies described in detail in the many text-books upon medicine. These principles are, in short, hygienic, prophylactic, and directly remedial or therapeutic, and they apply to the treatment of insanity with even greater force than they do to diseases in general; for insanity results from neglect of the rules of health and through attempts made to override or to disregard the laws of Nature. In hygienics we have the study of conditions which are of immense importance to the welfare of the whole population, such as those relating to occupations, to the density of the population, to drainage, air and ventilation, to the character of the water and of food, and also those relating to personal and general cleanliness. The neglect of the laws of health deduced from these studies involves a lowered vigor and vitality, a diminished power of resistance to disease, and a general deterioration, if not a degeneration of both mental and bodily energy; the output of work is in consequence diminished, and any given stress approaches nearer the breaking point. Hygienic measures are of so much importance that the State now recognizes the necessity for the individual attention of medical men and others in carrying them out, and public bodies find their highest function in establishing and perfecting conditions favoring a high standard of health among a community.

Prophylactic or preventive treatment implies that there are circumstances, exposure to which tends to impair the general health, either directly or through tendencies derived

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from parents. Questions relating to alcohol, and to immorality agitate the public mind from time to time in regard to insanity, as also in regard to vice, poverty and crime, and measures considered for their control come under the designation of preventive treatment. Steps taken to prohibit the sale of alcoholic liquor are prophylactic measures in regard to insanity, as are also those relating to the marriage of neurotic and insane persons, which in the opinion of many should be prohibited. The question of betrothals and their suspension is too long and complicated a problem to be discussed here, but this special aspect has recently been before the public in the effort made to establish the science of Eugenics or stirpi-culture—the propagation of the most fit—which is the direct and conscious application to man of the law of natural selection. Further preventive measures may be considered in the dissemination of knowledge as to the common causes of insanity and the means to be adopted for its avoidance, more especially by the treatment of incipient symptoms of mental disease in the out-patient department of our hospitals, where prompt and skilful advice would be given; also by assistance or employment given to those who have recovered from mental disease, as many of these not only fail to find work, but also suffer much hardship which not infrequently causes them to relapse.

What should be done when a person not previously insane is threatened with symptoms of mental disorder? In many cases the treatment is obvious. The exciting cause, if any, must be removed, overwork must cease, overworry must be controlled and anxiety and overexcitement in regard to religious matters for example—to take a subject which at the present time is commanding public attention—should be stopped, undue devotion must be restrained, and life generally must be on a less exciting and stimulating plane. As to the remedial and therapeutic treatment of insanity—which is the theme of our lecture—we are confronted with the portentous fact that on January 1, 1904, there were 117,199 persons, i.e., 1 to every 288 of the population, who were certified or registered as insane in England and Wales; and speaking generally these were incarcerated under about 126,000 certificates (private patients necessitating two for their detention) amounting to more than five certificates

at the hands of every registered medical practitioner, to whom therefore this subject must be of much interest and importance. We also know that possibly an equal number of persons are on the borderland of certification, and that out of this group fresh cases are being daily precipitated into those of whom the State—through the Lord Chancellor and the Lunacy Commissioners—has cognisance. In the acute stage of no disease is care and attention more necessary, nor more expensive, nor, may it also be said, is there more hope of cure than there is in the early stages of acute insanity. Unfortunately, however, the study of insanity is a long and painful experience, it is also as interesting in theory as it is trying and exacting in practice. The causes of insanity are, again, so complex, both so direct and so indirect and numerous, the “tissue of mind” is so complicated, its anatomy, physiology, and chemistry are so little understood; furthermore, the very nature of mind itself is so incomprehensible and mysterious that our treatment of insanity not infrequently amounts—as is also the case with many other diseases—to the treatment of symptoms as they arise, i.e., to maintaining the strength of the patient by judicious nursing, to quieting hyperæsthetic senses, to raising the hopes and spirits of the despondent, and to promoting their general comfort. Possibly in no disease is it more necessary to support the patient’s strength by appropriate nourishment, for the abnormal rapidity of disintegration which occurs in acute insanity impairs nutrition so quickly that death from exhaustion often takes place before the delirium subsides. It becomes imperative therefore to obviate this most frequent cause of death by a vigorous administration of unirritating food—easy of digestion and nourishing—to be given frequently and in small quantities—“little and often.” Foods, such as raw meat, or beef juice, peptonized beef tea, the yolk of eggs, milk with soda water or with biscuit powder, barley water, gruel, rice water, broths, arrowroot, cornflour, or Mellin’s Food; all these being eminently suitable, possibly also, if delirium and exhaustion are profound, dry wines; also meat juices, but especially if the patient takes exercise out of doors. It is most necessary in all cases of acute insanity (acute delirious mania, acute puerperal mania, acute restless melancholia, etc.) to supply—even forcibly with the tube and funnel by the

mouth or nose two or three times daily at fixed intervals—alimentary material to counteract the dangerous profound exhaustion, and also to renovate and maintain power, for unless sustaining treatment is secured, the exhaustion may prove fatal in a few hours. The judicious selection of food material is also important in regard to sleep. Loss of sleep is one of the most distressing and prevalent symptoms in the early stages of insanity. In more than one case of puerperal insomnia I have known an attack of insanity to be prevented by treating such secondary conditions as relieving pain, moderating uneasiness, allaying anxiety of mind, soothing irritability and inducing sleep, for absolute repose is necessary and must be obtained by the use of drugs. Whilst condemning the excessive use of calmatives and hypnotics as unjustifiable in the treatment of insanity, I must express my belief in sedatives. The motor excitement in certain forms of insanity—possibly from the production of a special toxin—is so fatiguing as well as exhausting, and the relief is so marked by the action of certain drugs, that in exceptional instances the morbid phenomena constituting insanity are cut short by the action of sedatives. Whilst discountenancing their use by persons who find in them a temporary alleviation to relieve sleeplessness, and who moreover, in many instances have established a habit which may become a disease; yet it is not improbable that many persons have been saved from attacks of actual insanity by early treatment of this distressing symptom.

It has been maintained that the acute insanities are often the result of intra- and extra-neuronic toxins which act injuriously upon the nerve centers, and that the sedative effect of drugs is antagonized by these. It certainly is a fact that long-continued administration of drugs, such as sulphonal and the bromides, do require increasing doses to produce a given effect, which tends to show that diseased or damaged tissue is not so readily acted upon by sedatives, and that a larger dose is required by the insane than the normal person. Furthermore (a state of dementia may also be brought about through the noxious effects of these drugs upon certain of the cortical neurones. We know that different parts of the nervous system are acted upon differently by various substances, e.g., conium, curare, strychnine, the bromides, etc., but our knowledge of the reason for the action of

drugs is unknown, and our knowledge of this action is only empirical. We know that restoration or anabolism takes place mostly during rest and sleep, and that in health action and reaction are always equal and contrary. In insanity there is probably some alteration, congenital or acquired, in the rhythm of waste and repair in the higher centers of the nervous system, but these centers by the influence of sedatives, can be placed in a condition favorable to recuperation, and it is rather the combination of these sedatives with other remedies of a more general character which yields the best results; those for instance which favor nutrition by diminishing the irritability of the stomach, or which assist its functions, such as pancreatin, pepsin, hydrochloric acid or papain, and those which also assist in the elimination of poisons from the skin, lungs, kidneys, and the alimentary canal—i.e., those which act upon the emunctory organs, as well as the organs of assimilation.

The first consideration therefore in regard to the treatment of insanity is to ascertain if there be any abnormal condition of the bodily organs, removal of which will favor the disordered brain functions, and instances are not infrequent, and I refer to the adolescent forms of insanity in anemic girls—when the restoration of bodily organs to their normal functions is followed by mental improvement. The re-establishment of menstruation and the cure of anemia mean in these cases mental recovery, indicating the necessity for the combination of sedatives with general remedies which help to restore and build up the various systems of the somatic whole.

Before approaching the pharmaceutical armamentarium I may point out that conduct which is violent, destructive and filthy in habits, usually determines the question of restraint; but if such conduct occurs in puerperal women, and shortly after confinement, or with fevers, accidents, or the onset of inflammation of important internal organs, or if it be due to alcohol, or to some known toxin; if it occurs in young persons, or if it is due to some sudden and possibly one great overwhelming emotional disturbance, in these cases the physician and the friends must be tolerant, and the person treated at home as long as possible, or for at least a period of six weeks. On the other hand, if the patient be acutely suicidal or homicidal, or if the case be one of general paralysis with violence, seclusion under a certificate is then not only desirable, but necessary and obligatory. In my opinion no

supervision can equal the treatment given in our best private asylums and mental hospitals, which are especially constructed institutions where the comforts of a home are fully provided, where there are no wide departures from customary surroundings upon which sensitive persons are so dependent for their happiness, and where a skilful and trained staff exercise the closest vigilance and supervision. In these homes individual treatment is carried out, and the great benefit to be derived from this direct influence cannot be overestimated. Should there be, however, as there often is, much feeling against certification, then residence as a voluntary boarder in a mental hospital can be arranged, but should there be an insurmountable dread of all institutions on the part of both the patient and friends, then the best must be made of an improvised plan of private treatment, and the patient will have to be provided for in a private house, preferably in the country—for walking in the open air is necessary—and the rooms should be on the ground floor; all risk from stairs, windows, cutting instruments, strings or cords, should be fully safeguarded against, as also risks from fire and water. At least two competent mental nurses, one for day and the other for night duty, should be engaged, and they should make a daily written report of the pulse, temperature, food consumed, excretions, medicines taken, the hours of sleep, exercise out of doors, and all new symptoms. Relatives as nurses are less to be dreaded in cases of melancholia than in cases of mania, but usually in both conditions it is much better to engage competent nurses.

The treatment of mental disorder which comes within the experience of the general practitioner resolves itself most often into the treatment of cases of acute excitement or uncontrollable fury, but it must not be taken for granted that insanity with excitement invariably means a condition requiring antiphlogistic remedies. In cases in which there is delirium, when the pulse is full, bounding and firm, and there are symptoms of sthenic inflammation, venesection may prove beneficial. I have used it only for the venous engorgement of the status epilepticus, and then with good results. I have used the wine of tartarated antimony for furious excitement, with vascular and cerebral congestion; and when combined with morphia it is very effective. Aconite is a useful remedy in sthenic ma-

niacal states, and the exacerbations of recurrent insanity with cerebral hyperemia. I have also used ice-bags to the head, and continuous immersion.

The difficulty in keeping maniacal patients in a warm bath at the body temperature or at 100 degrees Fahrenheit, has been so great that to avoid constant struggling I have abandoned the practice. The exact physiological effects and the therapeutic value of long immersion are not quite understood. It has been considered to be "derivative," i.e., the cutaneous vessels dilate and thus lessen the quantity of blood in the nervous system, but it has also been suggested by some that the effect of warm baths is to increase metabolism, by others that the pressure of the water on the skin gives a tone to the cutaneous and to the general circulation which was previously deficient. The use of the "wet pack" has been urged in cases of insanity with excitement, but there are dangers accompanying it, and I do not advocate it as a reliable remedy, although for certain bodily conditions accompanying insanity I have tried it with good effect. Insanity, even with excitement, is a disease generally of under-nutrition, and whatever the pathological conditions may be which cause acute mania or acute melancholia, we can at present go no further than vaguely describe them as "a disturbed biochemical state" of the brain tissue, and my experience in the case of all the acute insanities recommends a generous and supporting rather than a depletory method of treatment.

In the treatment of incipient insanity by the medical practitioner the tendency to suicide must be regarded as ever present in cases of melancholia, and the question of "foreign travel" not infrequently comes up for consideration. Speaking physiologically the best brain work is done when the cortex receives abundant and definite stimuli from without. In travel, especially in the case of sea voyages, the life on board ship is exceedingly irksome, dull and monotonous, and should not be advised for cases in which there may be threatening of mental breakdown with symptoms of depression. In a voyage to Colombo, made by a distinguished writer, physician and man of affairs, he mentions two such cases, both of whom threw themselves overboard, whose lives would probably have been spared had they not been urged to travel abroad. Even trips to the Continent of

Europe do not provide an Englishman with the comforts he obtains at home, and which he hopes to receive abroad.

Electricity administered in the form of currents through water in the form of electric baths, has been greatly advocated for the depressed varieties of insanity, more especially for atonic stuporose states in young persons. The galvanic current is passed through warm water at 100 degrees F., in which the patient is immersed. I have used such for many weeks at a time, daily, or several times a week for about 10 to 30 minutes, and have kept a record of the weight whilst the patients were under treatment and found it to go up, and the general mental and bodily conditions to improve. I confess to being favorably disposed to this form of electric stimulation, and it certainly appears to aid metabolism—although how and in what method I am unable to explain.

As to the action of drugs upon the brain, it cannot be localized so accurately as can that of drugs acting on the spinal cord and nerves; but their action illustrates two important general laws. Firstly, the law of dissolution which shows that when a drug affects functions progressively those first affected are the highest in development, that is to say, they are the last acquired by the individual and the last to appear in the species. The next affected are those next to the highest and so on, until finally the lowest of all, from an evolutionary point of view, viz., the functions of respiration and circulation are affected. We are acquainted with this exemplification in the case of alcohol, for the first functions to be disordered are those of the intellect, especially the highest, such as judgment and reason; then follow disorders of movement and death from failure of respiration and circulation. Secondly, drugs in moderate doses excite a function, but in large doses they paralyze it. This is familiarly illustrated in cases of chloroform inhalation, the first effects being motor excitement followed by motor paralysis, the excited limbs becoming motionless and weak. In the same manner drugs which are cerebral stimulants may become hypnotics, as is exemplified in the use of opium. Conium also is one of the remedies which appears to have contradictory effects, but this is probably explained by the fact that the relation between conine and methyl conine—two al-

kaloids with opposite effects—varies in each preparation. It is an excellent remedy as succus conii (mx-5i), for controlling motor excitement. With the abolition of abnormal muscular action the ideas become less rapid and mobile, mental processes become clear and sleep occurs. It is best to begin with small doses and to combine these with strychnine or some other cardiac stimulant. As a nervous tonic for persons who suffer from overwork, or who are run down, who are weary and easily tired, the various preparations of phosphorus, more especially perhaps the glycerophosphates, have in certain quarters had a reputation. On theoretical grounds, phosphorus should have been in much favor as a brain tonic, and it has been recommended for its efficacy in various forms of insanity, but the aphorism “without phosphorus—no thought” is not borne out by the experience of the clinical psychiatrist. The chemistry of the brain points out that lecithin, which enters largely into the structure of nervous tissue is a compound which breaks up into glycerophosphoric acid and cholin or neurin, and in certain bodily states associated with convulsions it appears probable that the amount of cholin in the blood represents the amount of waste caused by the breaking up of nervous material in the discharge of energy. But the particular rôle of phosphorus in the brain has hitherto received no satisfactory explanation, and although the restorative nutrition of the brain is an important task for the psychiatrist, the problem of furnishing a reliable and assimilable preparation of phosphorus has yet to be solved; in consequence the various phosphates may be administered *ad nauseam* without modifying illusions, hallucinations, or delusions, and it is safe to assert in the words of Spitzka that phosphorus is not to the brain in insanity what iron is to the blood in anemia.

As to hypnotics, for the pure relief of insomnia, paraldehyde in doses of 5ss-5ii (twice the amount is given for an enema) is one of the safest, for it stimulates cardiac action, and valvular heart disease is not a strong contra-indication. It has a peculiarly disagreeable taste and smell, which are best disguised in highly flavored syrups or wine. It is not recommended in phthisis or bronchial affections, as being volatile it is mostly eliminated by the lungs. Amylene hydrate, in doses from mx-xxx has been much recommended, and I have

used it. Somnal, grs. 20-30, methylal 5i-5iii, hypnone, chloral-amide, chloralose, hypnal, tetronal, and trional, have also their advocates. I have used sulphonal grs. xx three times a day (insoluble in water), trional (less insoluble) and tetronal. These have a cumulative effect which is their best quality, and they are excellent remedies for strong, dangerous and aggressive maniacal patients. The effects of sulphonal do not appear fully for some hours, and as a night draught it should therefore be given early in the afternoon. The symptoms to be watched for are vertigo, ataxia, and hematorporphyrinuria. After death the blood appears to be fluid and to resemble dark port wine. The crystals may disturb digestion and cause diarrhea. If the patient is kept in bed during the administration, the physiological effects are intensified. Hyoscine in subcutaneous doses of 1-100 to 1-50 gr. is a powerful and valuable remedy for the control of acute motor excitement in violent maniacal cases, those who are strong and muscular and who in their fury may commit homicide. It differs from sulphonal and trional in that its effects are immediate, but they soon pass off. When the motor disturbances are controlled quiet slumber is produced. It is not a remedy for feeble cases. Hyoscyamine, dose gr. 1-60, combined with morphine is a very effective remedy for excitement and sleeplessness. Cannabis Indica is uncertain in its action, it gives rise to visual hallucinations and rapidity of ideas, the latter causing a feeling in the mind of indefinite stretches of time. When combined with bromide of potassium it is a useful remedy in senile insomnia, and especially when there is mental depression.

Possibly of all the remedies for insomnia the bromides are the most useful, for they lower reflex excitability and tend to slow down or diminish cortical activity. They are better hypnotics for states of excitement than for depression—but they may be combined with stimulants in such cases—and are therefore better suited for the insomnia of maniacal patients and for hallucinations of a tactile nature—paresthetic states as they are called—occurring in parietic and tabetic persons; also in cases of pharyngeal and laryngeal discomfort, giving rise to delusions of things in the throat. The effect of a single large dose is much better than that of long-continued under-dosing, and there is no danger of estab-

lishing a habit in regard to it. For alcoholic cases, for uterine reflex pains, such as occipital headaches, or in cases of neurasthenia with night terrors or unpleasant dreams, and combined with citrate of caffeine in cases of climacteric mental restlessness, the bromides are most useful. The only contra-indication is unsoundness of the circulatory organs and anemia, and the result of long-continued administration of bromides is a dull torpor with loss of memory and stupor.

Bromide of strontium is stated to be a better remedy for epilepsy than bromide of potassium and to be also safer against cardiac failure, which is apt to occur in epilepsy, and bromide of sodium is stated to be the least often accompanied by gastric irritability. In association with chloral it is an excellent hypnotic for acute hallucinatory excitement, and possibly one of the best formulas is chloral hydrate, sodium bromide and tincture of hyoscyamus. The contra-indications to chloral are valvular or fatty heart disease, also if long administered with the bromides for epilepsy the tendency to cardiac failure from congestion arising in repeated fits should be remembered, also it loses effect by repetition. The dose of chloral is gr. x-xx, largely diluted, and flavored with aromatic syrups. It may also be given freely in milk. If given per rectum it is necessary to compress with the hand to retain the enema. The bromides are administered in doses of gr. xx-5i, or even up to one ounce and more. It is stated that neurotic medicines, such as are the bromides and also chloral, are best administered on an alkalized stomach, hence a glass of milk is considered an effective adjuvant to such remedies. Possibly of all the hypnotics, opium, together with its derivative morphine, is the one most often used, and it is probably the best remedy for psychic as well as physical pains, such also as are due to painful "vagus" depression from cardiac crises and dyspnea. Opium relieves acute mental depression, especially in old people, and it appears to act as a direct stimulant in the cardiac weakness of some senile cases. It appears to act directly upon certain mental states, and to be antithetic to the painfully emotional states of melancholia and persecutory delusions. It is, in my opinion, contra-indicated in states of mania, but morphia may then be administered. Morphia is often the best anodyne for the precordial pain of melancholia, as also for painful hallucinations in ex-

hausted cases. A combination of opium with belladonna may assist to prevent the impairment of digestion caused by opium taken alone, especially in regard to constipation. The great danger in the use of opium is the toleration established and the risk there is in commencing a habit which may become a terrible disease.

In contrast to hypnotics there are drugs which act upon the nervous system as sedatives, but stopping short of the actual hypnotic effects just described. Smaller doses of the hypnotic class effect this, but drugs such as valerian in large doses are known to control the agitation of neurasthenia or cases suffering from temporary functional disturbances, such as are seen and described as hysterical insanity. Camphor monobromate in g v doses has been used with benefit in cases of insanity with epilepsy, also in spasmodic excitement or mental disturbances accompanying chorea. Lupulin has also its advocates for cases of neurasthenia and hysteria, and the extract of calabar bean in general paralysis of the insane. The extractum physcistigmatis was at one time much in favor, upon the recommendation of Fraser. I may be allowed to mention as a possible remedy for this disease the use of thorium hydroxide, a heavy white powder possessing radio-active properties. I have used 500 grammes of the powder in a cap over the head, worn day and night, and two cases have recovered after such treatment. It has been suggested that at the synapses—the arborization of the dendrites—there may be some radio-active body which either originates, transmits or intensifies nervous currents. If its possible modification in this disease is advantageously affected by thorium hydroxide the benefit may thus be explained. Possibly no direct effect is obtained, but at any rate it is worth a trial and something is being done for this hitherto incurable condition. In the congestive vertigo of this disease the fluid extract of ergot has been tried, upon the theory that it acts as a vascular stimulant upon the vasomotor center, causing a contraction of the cerebral arterioles. It has been recommended to be given every few hours during the day, and alternating with bromide at night. For the seizures occurring in epilepsy, general paralysis, and puerperal insanity, I have used chloroform inhalation and chloral, but prefer the latter.

I have used ergot for insanity about the climacteric period associated with menorrhagia. There are certain headaches and neuralgias about the "change of life" which almost incapacitate the sufferer from social and domestic duties. These so-called lancinating pains may be associated with mental restlessness and actual insanity, and no remedy seems to be of permanently good effect. I have used antipyrin as an analgesic in such cases in doses from g v to xx, but care is needed from the depressing cardiac effect, and antipyrin always needs a stimulant to follow. Phenacetin g x with quinia sulph. g i has proved a useful remedy, as also the citrate of caffeine in g iii doses. The peculiar restlessness of mental depression in regard to which there is no definite pathology, other than that it appears to have its basis in a summation of the organic sensations—and presumably caused by pneumogastric enervation—is often benefited by citrate of caffeine associated with small repeated doses of opium. It is in such cases that erythroxylon coca has been so much used, possibly also it is in similar cases that alcohol fulfils a definite therapeutic rôle, but it is necessary to beware of initiating a pernicious habit. As to alcohol, in the great majority of cases of insanity it is not essential, but I do not hesitate to use it in small doses every few hours in the exhaustion of acute mania, more especially in the puerperal form of insanity. It often interferes with digestion and it is always best administered with liquid nourishment, either with milk, soup, beef tea, or broth. In acute insanity it is often difficult to get the patient to take solid food, but by coaxing he may be persuaded to take fluids, and alcohol may thus be effectively combined with them. Alcohol increases the force and frequency of the heart's action and stimulates vascular tone, but in large doses alcohol acts as a definite depressant. Owing to this physiological action, it is a dangerous remedy in the various forms of mental depression, for it gives the feeling of buoyancy and stimulation without any lasting benefit and without the sustaining action of food. In the excitement of mania the skin acts more freely as an eliminating organ than it does in depressed mental states, and more alcohol can therefore be tolerated in cases of mania. Strychnia gr. 1-30 sub-cutaneously injected, and digitalis in m x doses every hour for three hours, and then stopping, are useful in

cases of exhaustion from acute insanity, also in cases of cerebral anemia as a cardiac stimulant, especially when forced feeding is being adopted. Strychnia affects the whole nervous centers and not the spinal cord only. Nux vomica may be used with much good effect in the convalescent stages as a general tonic. The prolonged use of strychnia or nux vomica is ineffective, and they are better given alternately for a few weeks and with about one week's interval.

In the earlier part of my paper I have referred to eliminating medicine. The chief eliminating organs are the skin, the lungs, the kidneys and the bowels. In no morbid condition is it more important to clear the *prima via* than it is in insanity. Laxatives and purgatives are absolutely necessary, and in free doses—usually twice the amount required by a healthy person. Depressed mental states, irritability, and even the convulsive seizures in cases of general paralysis or epilepsy are often due to auto-intoxication caused by constipation, and consequent absorption of poisons from the alimentary canal. Constipation indeed is the bane of insane persons, and podophyllin, elaterium, colocynth, calomel, and at times even croton oil are necessary in full doses to cause a free action of the bowels. The hydragogue cathartics can be freely administered in cases of insanity, and "House Mixture" so called—the pharmacopœial Mist sennæ co. is a safe and salutary corrective in such cases and may be systematically administered once or twice a week with much benefit. The action of the skin and kidneys is assisted by the administration of diuretics and diaphoretics, but the best of medicines is exercise out of doors, which causes the lungs and skin to act freely and naturally and which facilitates the exudation of substances noxious to healthy mental action.

It is hardly necessary in such a lecture as this and before such an audience to emphasize the study of the various diatheses, i.e., to know our patient with his various idiosyncracies, viz., his tendency to gout, rheumatism, anemia, renal or cardiac disease, phthisis, myxedema, ague or syphilitic lesions which all require special treatment. The question of organotherapy and serum therapeutics is also too wide to be discussed within the compass of a lecture such as this, but I will summarize my suggestions by recommending in cases of sudden

or acute insanity. Firstly, the isolation of the patient in a quiet, or in a darkened room; then forced alimentation; the control of motor excitement; reducing febrile states by tepid baths; sustaining the strength; and above all the inducing of sleep; these to be the cardinal lines of our treatment.

In conclusion, I may add that insanity may be modified in a community by the inspiration of high ideals, by agencies which are beneficial to sobriety and self-respect. I mean moral agencies. These kindle a spirit of fervor, sympathy and rightmindedness among the roughest characters, and in the most crowded areas of our cities. They are means which are peculiarly within the reach of medical men, who have opportunities of furthering them such as are afforded to no other profession.